

Itavious Burks
54 Kerish Rd.
Forest, MS 39074

US BANKRUPTCY COURT
SOUTHERN DISTRICT OF MS
FILED

2023 FEB 10 PM 1:04

DANNY L. MILLER
CLERK

BY  DEPUTY

February 10, 2023

U.S. Bankruptcy Court
501 East Court Street, Suite 2.300
P.O. Box 2448
Jackson, MS 39225-2448
601-608-4600

Dear Sir or Madam:

I am writing to dispute the following information on my file. I have listed below the items I am needing to dispute on the attached copy of the report I received.

The item being disputed by me is a 1997 Belmont-Summitt Trailer because I was not notified of the bankruptcy prior to purchasing the estate in October of 2022. I am requesting that the item be removed from bankruptcy to rectify the information.

Enclosed are copies of the title
Supporting my position. Please reinvestigate this matter and delete the disputed item
as soon as possible.

Sincerely,
Itavious Burks



Enclosures: Title, Bill of Sale, Tax Collector Receipts, Docket

Case No. 21-01647

DKT. # 37

DOCKET 1064, PAGE 74

ABSTRACT OF JUDGMENT FROM JUSTICE COURT

THE STATE OF MISSISSIPPI, SCOTT COUNTY:

Judgement was rendered as follows, viz: In the case of

ITAVIAS BURKS

VS.

DAVIS PATRICK AND CHARLOTTE

JUDGEMENT.....

ATTORNEY FEE.....

COST OF SUIT..... 95.50

TOTAL..... 95.50

I, ADAM MCCURDY

an acting JUSTICE of the PEACE
 in and for said County, do hereby certify that the above is a true and
 perfect abstract in the cause, therein stated and that it contains the
 names of all parties to said suit, the amount and date of rendition of
 said judgement, and that said judgement as appears from my docket,
 remains in full force and effect.

Witness my hand and seal this 25 day of JAN, 2023.

JUSTICE COURT JUDGE

Filed, recorded, and entered upon the judgement roll in my office, in
 conformity with law the _____ day of _____, 2023.

CIRCUIT CLERK

By _____, DC

CERTIFICATE OF TITLE

Form # 79-001

STATE OF MISSISSIPPI

ORIGINAL

VEHICLE IDENTIFICATION NUMBER

33136

MAKE

BELM

YEAR

1997

MODEL

SUMMITT

BODY

HS

TITLE NUMBER

MS0163186944

TITLE TEXT
(E.G. UNIT #)

TITLE DATE

11/14/2022

DATE OF FIRST SALE
FOR USE NEW ONLY

NO. CYL

NEW/USED

USED

TYPE OF VEHICLE

MH

ODOMETER - NO TENTHS

EXEMPT

OWNER(S)

BURKS, ITAVIAS
54 KERISH RD
FOREST MS 39074-2203

BRANDS

BENEFICIARY

1ST LIENHOLDER

DATE:

2ND LIENHOLDER

DATE:

MAIL TO



T4

BURKS, ITAVIAS
54 KERISH RD
FOREST MS 39074-2203



LIEN SATISFACTION: THE UNDERSIGNED HOLDER OF ABOVE DESCRIBED LIEN(S) ON THE MOTOR VEHICLE DESCRIBED HEREON HEREBY ACKNOWLEDGES SATISFACTION THEREOF.

1ST LIEN

(LIENHOLDER)

BY

(SIGNATURE AND TITLE)

THIS

DAY OF

20

2ND LIEN

(LIENHOLDER)

BY

(SIGNATURE AND TITLE)

THIS

DAY OF

20

IN WITNESS WHEREOF I HAVE HEREUNTO SET MY HAND THIS

THE 14TH

DAY OF NOVEMBER

20 22



CONTROL NUMBER

O 04326309

MISSISSIPPI DEPARTMENT OF REVENUE

The Mississippi Department of Revenue hereby certifies that on application duly made, the person named herein is registered by this office as the lawful owner of the vehicle described subject to the liens or security interests as may subsequently be filed with the Mississippi Department of Revenue. This certificate of title is issued pursuant to the Mississippi Motor Vehicle Title Law Section 63-21-1, Mississippi Code of 1972, and subject to the provisions thereof.

VOID IF ALTERED

*****NOTICE: ANY ALTERATION OR ERASURE VOIDS THE ASSIGNMENT AND ALL ASSIGNMENTS THAT FOLLOW*****

Federal and State Law requires that you state the mileage in connection with the transfer of ownership. Failure to complete, or providing a false statement, may result in fines and/or imprisonment.

ASSIGNMENT OF TITLE BY REGISTERED OWNER

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address, with warranty to be free of all encumbrances except as shown at bottom of page.

Name Thomas Duff Address 54 Hough Rd Forest, MS 39236

"I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.

**CAUTION: READ
CAREFULLY BEFORE
YOU CHECK A BLOCK**

- ☐ 1. The mileage stated is in excess of its mechanical limits.
- ☐ 2. The odometer reading is not the actual mileage.
- WARNING - ODOMETER DISCREPANCY**

ODOMETER READING (No Tenths) _____

SELLER:

Signature(s) _____ Printed Name(s) _____ Date of Sale _____

"I am aware of the above odometer certification made by seller"

BUYER:

Signature(s) _____ Printed Name(s) _____

FIRST RE-ASSIGNMENT BY LICENSED DEALER

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address, with warranty to be free of all encumbrances except as shown at bottom of page.

Name _____ Address _____

"I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.

**CAUTION: READ
CAREFULLY BEFORE
YOU CHECK A BLOCK**

- ☐ 1. The mileage stated is in excess of its mechanical limits.
- ☐ 2. The odometer reading is not the actual mileage.
- WARNING - ODOMETER DISCREPANCY**

ODOMETER READING (No Tenths) _____

DEALER OR AGENT:

Signature(s) _____ Printed Firm Name _____ Date of Sale _____

"I am aware of the above odometer certification made by seller"

BUYER:

Signature(s) _____ Printed Name(s) _____

SECOND RE-ASSIGNMENT BY LICENSED DEALER

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address, with warranty to be free of all encumbrances except as shown at bottom of page.

Name _____ Address _____

"I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.

**CAUTION: READ
CAREFULLY BEFORE
YOU CHECK A BLOCK**

- ☐ 1. The mileage stated is in excess of its mechanical limits.
- ☐ 2. The odometer reading is not the actual mileage.
- WARNING - ODOMETER DISCREPANCY**

ODOMETER READING (No Tenths) _____

DEALER OR AGENT:

Signature(s) _____ Printed Firm Name _____ Date of Sale _____

"I am aware of the above odometer certification made by seller"

BUYER:

Signature(s) _____ Printed Name(s) _____

THIRD RE-ASSIGNMENT BY LICENSED DEALER

The undersigned hereby certifies that the vehicle described in this title has been transferred to the following printed name and address, with warranty to be free of all encumbrances except as shown at bottom of page.

Name _____ Address _____

"I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.

**CAUTION: READ
CAREFULLY BEFORE
YOU CHECK A BLOCK**

- ☐ 1. The mileage stated is in excess of its mechanical limits.
- ☐ 2. The odometer reading is not the actual mileage.
- WARNING - ODOMETER DISCREPANCY**

ODOMETER READING (No Tenths) _____

DEALER OR AGENT:

Signature(s) _____ Printed Firm Name _____ Date of Sale _____

"I am aware of the above odometer certification made by seller"

BUYER:

Signature(s) _____ Printed Name(s) _____

LIENHOLDER TO BE SHOWN ON NEW TITLE

Lien in favor of _____

whose address is _____

SCRAPPED, DISMANTLED, OR DESTROYED VEHICLE - This is to be filed in by Vehicle Owner, Certificate of Title must be mailed or delivered to the Mississippi Department of Revenue. I/we hereby warrant that the Vehicle described on the reverse side of this Certificate was scrapped, dismantled, or destroyed on _____ 20____.

Owner's Signature _____



780022241000

DEPARTMENT OF
REVENUE
STATE OF MISSISSIPPI



Application #: L0428830848

County Code 620 - SCOTT

Date November 03, 2022

☐ Fast Track Application

Lessor (if Leased)

Lessor Mailing Address

Owner(s) or Lessee(s) if Leased

BURKS, ITAVIAS

Registered Physical Address (DO NOT GIVE A PO BOX)

54 KERISH RD
FOREST MS 39074-2203☐ AND ☐ AND / OR ☐ OR

Registered Mailing Address (if Different)

Beneficiary

Vehicle ID 33136	Year 1997 <input type="checkbox"/> Provisional VIN	Make BELM	Model SUMMITT	Body Style Manufactured Home
Vehicle Type Manufactured Home	Fuel Type	Primary Color Other	Secondary Color	
Seats 0	Axles 0	Cylinders 0	Unladen Weight 0	
Purchase Date October 31, 2022	New / Used Used	Odometer Reading 0	Odometer Code Exempt from Disclosure Requirements	
Brands				
<input type="checkbox"/> Bonded	<input type="checkbox"/> Collision	<input type="checkbox"/> Fire	<input type="checkbox"/> Flooded	<input type="checkbox"/> Hail
<input type="checkbox"/> Recovered Theft	<input type="checkbox"/> Unrecovered Theft	<input type="checkbox"/> Junked	<input type="checkbox"/> Other:	<input type="checkbox"/> Rebuilt
		<input type="checkbox"/> Salvaged <input type="checkbox"/> Wind		

Primary Lienholder's Information

Secondary Lienholder's Information

Date of Lien

Date of Lien

Designated Agent

SCOTT COUNTY TAX COLLECTOR

Designated Agent Number

62

I/WE, THE UNDERSIGNED, CERTIFY THAT THE VEHICLE DESCRIBED ABOVE IS OWNED BY ME AND I HEREBY MAKE APPLICATION FOR A CERTIFICATE OF TITLE FOR SAID MOTOR VEHICLE, AND THIS VEHICLE WILL NOT BE SUBJECT TO LIEN PRIOR TO RECEIPT OF THE TITLE UNLESS INDICATED ABOVE.

****DISCLOSURE STATEMENT AND PRIVACY ACT NOTICE****
DRIVER'S LICENSE NUMBERS ARE REQUIRED BY STATE LAW AND WILL BE USED IN THE ADMINISTRATION OF STATE MOTOR VEHICLE LAWS. THE COMMISSION IS AUTHORIZED TO COLLECT THE INFORMATION PURSUANT TO 42 U.S.C. §405(c)(2)(C) AND MISS CODE ANN §63-21-15. TITLES AND REGISTRATION RECORDS MAY BE RELEASED ONLY PURSUANT TO 18 U.S.C. §§2721-2725. FAILURE TO PROVIDE THE INFORMATION WILL RESULT IN THE DENIAL OF A CERTIFICATE OF TITLE.

Signature

Nov 03, 2022

Date

Owner's Copy

First Owner/Lessee's Signature

123456789

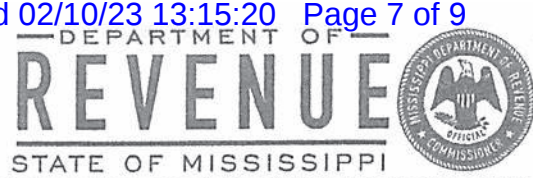
License #

Print one copy for each of the following: MS Department of Revenue,
Owner, Designated Agent, and Lienholder (if Applicable)

Joint Owner/Lessee's Signature

License #

Receipt of Payment



OWNER (LESSOR) <u>BURKS, ITAVIAS</u>	LETTER ID <u>L0965701760</u>
CO-OWNER (LESSEE) _____	COUNTY CODE <u>MS123</u>
ADDRESS <u>54 KERISH RD</u>	TAXING DISTRICT _____
CITY, STATE, ZIP <u>FOREST, MS 39074-2203</u>	EXPIRATION _____
	ISSUE DATE <u>November 03, 2022</u>

VEHICLE							
YEAR	MAKE	MODEL	BODY TYPE	VEHICLE TYPE	FUEL TYPE	CYLINDER	COLOR
1997	BELM	SUMMITT	Manufactured Home	Trailer		0	Other
VEHICLE IDENTIFICATION NUMBER		TITLE NUMBER	DECAL NUMBER	TAG NUMBER	TAG TYPE		
33136		MS0163186944					

Total Due

10.00

P.O. Box 1383, Jackson, MS 39215 Phone: (601) 923-7200 Fax: (601) 923-7224

Form # aL0040 v. 5

Visit www.dor.ms.gov for vehicle title and registration information. If you call, please have this letter with you.

State of Mississippi

Miscellaneous Collections
Tax Year 2022

MXMMODP 62-0

SCOTT' COUNTY
ALISON CRAPPS
100 EAST FIRST STREET
FOREST MS 39074Drawer: 9
User: CMS
Paid: Cash

Type: MH

Paid by: ITAVIUS BURKS

Receipt # 15796		Date: 11/03/2022				
Tax District						
Class 1 Value True Assessed		Class 2 Value		Total Value		
221103 1508 GSM QPADEV0003						
Type of Tax		Millage	Gross Tax Amount	Regular Homestead	Special Exemption	Net Tax
			Total Tax Due		\$0.00
ITAVIUS BURKS 54 KERISH ROAD FOREST MS 39074				Amount Paid		346.22
				Grand Total Paid		346.22

Customer
Copy

Received by: _____

State of Mississippi

SCOTT COUNTY
SCOTT COUNTY TAX COLLECTOR
100 EAST FIRST STREET
FOREST MS 39074

Mobile Home
Receipt Year 2022 Tax Year 2021

DRAWER: 9
USER: CMS
Paid: Cash

Year- 1997 28 X 52
Make- BELMONT-SUMMITT
Serial Number 1- 33136
Color- BGE/BLU
Acquired From-
WOODS MANU
Court-

MHMMODP 062-0

FLANAGAN, CHARLEY ESTATE

Acct 06409	Receipt # 0064908	Date: 11/03/2022
Tax District 3001		
Registration Number: 0897622381		
Class 1 Value True Assessed	Class 2 Value	Total Value 5,413 812
Type of Tax	Millage	Gross Tax Amount
COUNTY	70.4500	57.21
SCHOOL	48.2700	39.20
PRINTERS FEE		
CIRCUIT COURT FEE		
OTHER FEE		
ACCOUNT PAID IN FULL		Total Tax Due

Paid by:
ITAVIUS BURE

20221103 1445 CMS QPADEV0007

Regular Homestead	Special Exemption	Net Tax
		57.21
		39.20
		13.00
		6.00
		35.00

DAVIS PATRICK K & CHARLOTTE
843 BANKER RD

MORTON

MS 39117

Tax Amount Paid
Interest Amount Paid
Total Paid this Receipt

150.41
3.37
153.78

Prior Tax Payments
Tax Balance Remaining
Grand Total Paid

0.00
0.00
153.78

Received by: _____